

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
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36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48	2	1				
49		1				
50		1				
Total Indep						
Total Depend						
Total Claims						

*	Indep	Depend	*	Indep	Depend	*	Indep	Depend
51			51			51		
52			52			52		
53			53			53		
54			54			54		
55			55			55		
56			56			56		
57			57			57		
58			58			58		
59			59			59		
60			60			60		
61			61			61		
62			62			62		
63			63			63		
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67			67			67		
68			68			68		
69			69			69		
70			70			70		
71			71			71		
72			72			72		
73			73			73		
74			74			74		
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82			82			82		
83			83			83		
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90			90			90		
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92			92			92		
93			93			93		
94			94			94		
95			95			95		
96			96			96		
97			97			97		
98			98			98		
99			99			99		
100			100			100		
Total Indep			1			1		
Total Depend			11			11		
Total Claims			12			12		